

Minor, Incident, or Injury Report

Please Write Clearly

Center/Program Name: _____ Phone: _____ Fax: _____

Center/Program Address: _____

Type of Facility (Check One) Licensed Center Hourly Center Out of School Time Program

Date of Injury _____/_____/_____ Time of Incident _____

Name of Child _____

Age of Child _____ Gender of Child Male Female Location When Injury Occurred Inside Outside

Body part(s) Injured _____

Type of injury _____

Individual(s) who observed the incident _____

Describe what happened: _____

Describe what action or treatment was taken in response to this incident, and by whom: _____

Was a parent, guardian or emergency contact person notified of the accident/incident? Yes No

If yes, name of person(s) contacted: _____

Date and time of contact: _____/_____/_____ At _____

(Continued)



Any Additional Comments: _____

_____/_____/_____
Signature of Caregiver Date

_____/_____/_____
Signature of Center/Program Director Date

_____/_____/_____
Signature of Person Picking Up Child Date

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.